

PURPOSE:

This form is used to notify the Department of Training and ReEmployment, Rapid Response Team of a permanent or indefinite reduction in a workforce (impending or actual) or a plant closing which will cause a layoff.

*Information source may be contact with the employer, radio news announcement, newspaper, or any other source. Available information may not provide all the information listed on the form. Submit the form with the information available.

INSTRUCTIONS:

This form is for internal program use only.

You have the following options for completing this Record of Dislocation RR-50

1. Complete the form in word and save as "Pre-Applicable Name" and submit in email. Then when the Rapid Response Service is complete, then complete the form in Word and save as "Post-Applicable Name". Then the "Post Applicable Name" should be submitted to the Frankfort Rapid Response Staff.
 2. Complete the form in word and print and submit via the postal or messenger services.
 3. Print the form, complete in writing and then submit via the postal or messenger services.
- Please complete all applicable questions for **Rapid Response tracking and reporting purposes**, if a question is not applicable to the dislocation please note "N/A" as the answer or select not available in the drop down boxes or leave the check boxes blank.

First Section/Gray Section/Questions 1-21

Form is asking:

Explanation:

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| 1. Date | Enter the date the form is completed and submitted. |
| 2. Coordinator's Name: | Enter the name of the Rapid Response Staff personnel coordinating services |
| 3. What is the type of type of Notice for this Dislocation? | Select (Check) one of the following options WARN, RR-50, Media (includes phone call or email) or "Other" if you use other please clarify the type in the comments |
| 4.Date of this Notice of Dislocation: | Enter the date of the Notice for this dislocation |
| 5. Initial Contact Date: | Enter the Date you made initial contact. |
| 6. Employer Name: | Enter the Name of the Employer |
| 7.Initial Visit Date/Employer Meeting: | Enter the Date of the first visit or the employer meeting if applicable. |
| 8.Local Site Street Address: | Enter the local street address of this employer or site |
| 9.Local City/ Town: | Enter the city or town of the employer |
| 10.Local Zip | Enter the Zip Code for this employer |
| 11.Local contact Person name and title | Enter the name (and title, if known) of the employer's representative to contact regarding the dislocation |
| 12.Local Telephone Number: | Enter the area code and telephone number of the employer contact person. |
| 13.Local Fax Number and/or email address: | Enter the employers fax number and or email address |
| 14.Corporate/Main Name: | Enter the corporate name or alternate name if applicable |
| 15.Corporate Contact Person | Enter the corporate contact person if applicable |
| 16.Corporate Street Address: | Enter the corporate street if applicable |
| 17. Corporate City | Enter the corporate city if applicable |
| 18. Corporate State | Enter the corporate state (abbreviations only please) if applicable |
| 19.Corporate Zip | Enter the corporate zip code if applicable |
| 20.Corporate Telephone Number: | Enter the corporate phone if applicable |
| 21.Corporate fax or email contact: | Enter the corporate fax and or email contact information |

Second Section/ Yellow Section/Questions 22-29

Form is asking:

Explanation:

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| 22.Worksite/County: | Enter the name of the county (or counties) in which the worksite is actually located. |
| 23.Number of Workers affected per this notice at this site | Enter the number of employees affected by this dislocation stated in initial notice of dislocation. |
| 24. Local DES Office: | Enter the city of the local Department of Employment Services for this employer |
| 25.Total number of Employees for this employer: | Enter the total number of employees for this employer at this site. (This can be asked of the employer or it is listed in the Harris directory) |
| 26.Type of Business: | Enter the type of business of this employer. |
| 27.LWIA: | Using the drop down arrow select the appropriate Local Workforce Investment Area for this employer (If you choose to print and complete the form in writing please cross out the default LWIA and write in the appropriate LWIA) |
| 28. Standard Industrial Code (SIC): | Enter the standardized industrial code from the Harris directory for this employer |
| 29. Industry: | Please leave this blank the Industry Category will be classified in Frankfort |

Third Section/ Blue Section/Questions 30-47

Form is asking:

Explanation:

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| 30.Is this a closure or layoff? | Check the applicable "Closure" or "Layoff" |
| 31.Is the closure/layoff a phase out? | Check the box for Yes or No |
| 32.If this is a layoff is it? Permanent or Temporary? | Check the applicable Permanent or Temporary |
| 33. The dislocation is scheduled to begin? | Enter the Beginning date of the dislocation |
| 34. The dislocation is scheduled to end? | Enter the End date of the dislocation |
| 35.Is the Employer Coal or Coal Related? | Check the applicable box for Yes or No |
| 36.Is this a Trade Adjustment Assistance applicable dislocation? | Check the applicable box for Yes or No and please give the petition numbers if they are available |
| 37.Union Names | Enter the Name of the affiliated Union if applicable |
| 38.Union Officials | Enter the Names of specific union officials |
| 39. Are bumping rights applicable with this Dislocation? | Enter "Yes" if the dislocation involves "bumping rights" affiliated with union. |
| 40.What is the cause of this dislocation? | Please enter a brief description of the cause for this dislocation |
| 41.Employee Meeting Date(s) | Enter the dates of the employee meetings or contact |
| 42.Employee Meeting Time(s) | Enter the Time(s) of the employee meetings or contact |
| 43.Total number of Employee Meeting(s) Held: | Enter the number of employee meeting held to provide Rapid Response services to this dislocation |
| 44. Will a foreign language interpreter be necessary? If Yes what Languages: | If applicable check the box for Yes and enter the languages needing an interpreter and check No if an interpreter is not necessary |
| 45. Are there Hearing, Vision or other Disabilities? | If applicable check the box for Yes and briefly describe the disability and check No if disabilities are not applicable |
| 46.Average Age of Workers | Using the drop down box select the average age range of this employer's workforce being dislocated. If you are completing the form in writing the selections are as follows Not Available, 18-24 years, 25-44 years and 45+ years. |
| 47.Average Educational level of Workers | Using the drop down box select the average educational level of this employer's workforce being dislocated. If you are completing the form in writing the selections are as follows: less than high School, High School only, 1 year certificate program education, 2 year associates degree certification, 4 year bachelors degree education, Graduate education and Limited English. |

Third Section continued/ Blue Section continued/Questions 48-52

Form is asking:

Explanation:

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| 48.Average Wage of Workers | Using the drop down box select the average wage of this employer's workforce being dislocated. If you are completing the form in writing the selections are as follows: Not Available, less than \$8 per hour, \$8-\$10.99 per hour, \$11-\$15.99 per hour, \$16-\$20.99 per hour and \$21 + per hour. |
| 49.Average Years of Service of Workers | Using the drop down box select the average years of service for this employer's workforce being dislocated. If you are completing the form in writing the selections are as follows: Not Available, less than two years, 2-5 years, 5-11 years, 11-15 years, 15-21 years and 21+ years. |
| 50.Affected Occupations: | Briefly describe the occupations affected in this dislocation |
| 51. Primary and Secondary County of Residence for these employees | Enter the primary and secondary counties in which the employees of this employer live. Please only enter two. |
| 52.Will there be any Benefits received after dislocation? | Check Yes or No if there will be any Benefits for the employees affected by the dislocation and briefly describe if applicable |

Final Section/Green Section/Questions 53-58

Form is asking:

Explanation:

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| 53.Is this employer a new recipient of Rapid Response Services? | Check the applicable "Yes" or "No" |
| 54.Number of Workers who received Rapid Response (RR) Services: and were they on company time | Enter the total number of employees who received Rapid Response Services from employer list and or sign in sheets. Please calculate the total sum. And answer if the initial Rapid Response services was on company time. |
| 55.The final number of workers dislocated from this employers is: | If accessible enter the final number if workers who were or will be dislocated from this employer. |
| 56.Have any WARN updates or Post RR-50 been completed: | Enter comments regarding if any WARN updates have or Post RR-50 been completed if so specify the date and of completion for submission to Frankfort |
| 57.Summary of RR Service provided: | Check one of the following descriptions that best describes the Rapid Response services provided "Full RR Services" or " Employee Meeting Only" or "Mail Out" or " Employer Meeting only" or Services not Needed " or " Services Refused" |
| 58.Comments | Please enter your specific comments that need to be noted about this dislocation |

The pre/initial RR-50 must be submitted **within one business week** of the LWIA/DES Local Office receiving information on a layoff/closure. This report must not be delayed due to required & requested data not being available for agency and national reporting purposes. All missing data can be submitted with the post /final submission describing the service provided.

DISTRIBUTION:

- Send original of the form to:
 - For postal mail or fax:

Rapid Response
Department for Training and ReEmployment
Rapid Response Team
209 St. Clair Street, 4th Floor
Frankfort, Kentucky 40601.
Phone: 502-564-5360
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- For electronic mail: Michelle.DeJohn@ky.gov or to Cecil.Colliver@ky.gov